

EDUCATION PASSPORT

COMPLETE THIS FORM FOR EACH NEW SCHOOL

The Education Passport is designed to compile needed school enrollment records in one location. All forms and documentation listed below should be kept with the passport. Information contained on this passport is subject to confidentiality laws.

PREPARED FOR NEW SO	CHOOL ENROLLED DATE
SCHOOL	
STUDENT'S INFORMATION	ON
NAME	
FOSTER	
PARENT	
ADDRESS	
CITY ST ZIP	
PHONE	
MOTHER'S INFORMATIO	N .
NAME	
ADDRESS	
CITY ST ZIP	
PHONE	
FATHER'S INFORMATION	N
NAME	
ADDRESS	
CITY ST ZIP	
PHONE	
CASE MANAGER'S INFO	RMATION
NAME	
ADDRESS	
CITY ST ZIP	
PHONE	
PREVIOUS SCHOOL INFO	ORMATION
SCHOOL NAME	
ADDRESS	
CITY ST ZIP	
PHONE	
RECORDS CONTACT	
Enrolled Date:	Withdrawn Date:

RECORDS CHECKLIST Keep the following documents together for easy reference. Items marked * will not change as child transfers between schools.	Enclosed	Not Available	Applied For	Not Applicable
1. SCHOOL ENROLLMENT LETTER				
School Enrollment Letter (Policy 21.14): copy of completed letter				
2. VITAL RECORDS: include copies of vital records				
*Birth Certificate: copy of the official birth certificate				
*Social Security Card: copy of card or application for card				
*Immunization Records: copy of Health Department record				
3. ACADEMIC HISTORY: indicate courses & grades earned				
Most recent grade report: copy of last periodic report card				
Transcript indicating last grade completed:				
includes all coursework completed				
TCAP Achievement Test Scores (Elementary / Middle School):				
copies of score reports/labels				
TCAP Competency/Gateway Test Scores (H.S.):				
copies of score reports/labels				
4. ATTENDANCE RECORD: from last and current schools				
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5. DISCIPLINE RECORD:				
include suspensions, expulsions, and zero tolerance				
6. SPECIAL EDUCATION: request complete SpEd file				
Eligibility Report: include copy of current report				
Psycho-educational Evaluation: include most current evaluation				
or re-evaluation				
Complete IEP: include current IEPs and any past IEPs				
504 Information: include copy of Student Services Plan if				
applicable				
TEIS Info (ages birth-3 only): if applicable, copy of Individualized				
Family Services Plan				
7. HEALTH INFORMATION				
List of specific health treatment(s) needed during school hours				
List of specific medication(s) taken during school hours				
List of opposite friedloation(s) taken during seriou flours				
Compiled by: Date:				
Complica by. Date.				